

2008
Utah State Softball
Pitching and Catching Clinics

Site: Utah State University, The Stan Laub Indoor Training Center

Eligibility for Clinic: 8 – 18

Included: Clinic T – Shirt and Instruction provided by Division 1 Coaches and Athletes.

Parents and Coaches are welcome to observe, take pictures or videotape the skill training.

Pitching Session 1 Option January 12th , Cost is \$50 by January 7th & \$60 after January 7th
Time: 1:00pm – 3:30pm. Pitchers must provide your own catcher.

Pitching Session 2 Option January 26th , Cost is \$50 by January 7th & \$60 after January 7th
Time: 1:00pm – 3:30pm. Pitchers must provide your own catcher.

Catching Session 3 Option January 26th , Cost is \$50 by January 7th & \$60 after January 7th
Time: 10:00am – 12:00pm. Catchers bring all your catching gear.

***Team and Family Discount Rates Available – 6 or more Team Members, 3 or more Family Members.**

Clinic Directions

Once in Cache Valley, enter Logan on Hwy 89/91
Heading North: Make a Right Turn on 1400 North
Heading South: Make a Left Turn on 1400 North
Cross over 800 East, directly after the Soccer Field Turn Right
The Stan Laub Indoor Training Center is straight ahead

Items to Bring

Gloves and tennis shoes
People catching the pitchers bring a bucket to sit on
Put your name on all your equipment
Catching Clinic – catchers bring all your catching gear

Please retain top portion of this form for your own record. Any questions please call 435 797-0553 or 435 757-1642.

Player Registration & Parents Release Form

Name: _____ Age _____
Home Address: _____
City/State/Zip: _____
Position(s): _____ HS _____
Phone: _____ Summer Team _____
Email: _____

Please check the Session you will be attending.

Session 1 Pitching Clinic January 12th _____ Session 2 Pitching Clinic January 26th _____

Session 3 Catching Clinic January 26th _____

Circle T – Shirt Size: Youth L S M L XL

Make checks payable to Aggie Softball Camps and Clinics and send check and registration form to:

Utah State Softball – Attn: Candi Letts, 7400 Old Main Hill, Logan, UT 84322-7400.

I hereby authorize the clinic staff to act for me in case of an emergency and I waive and release the clinic from any and all liability for any injuries or illness incurred while at the clinic

Parent or Guardian's Signature _____
Insurance Company & Policy Number _____

